

# *INTRODUCTION*

*To accomplish great things, we must not only  
act, but also dream; not only plan, but also  
believe.*

*- Anatole France*



## 1.1 INTRODUCTION

The basic issues in clinical and personality research are obscured very often by trivialities. Technical and methodological refinement are paraded as a substitute for significant substantive content missing the rich complexity and overall unity of the field of the personality factors in relation to personality variables. which can be linked to add to the substantive content and the information processing will throw light on the interpretations in the field of clinical and personality already available.

Depression, Locus of Control, Adjustment and Parenting was of interest to the psychologist for the simple reason that much of behaviour involves motivation, needs and inner-dynamics of the individual.

Personality research has been stimulated by the appearance of limited domain theories that emphasize a particular construct. Research guided by such theories typically focuses upon the measurement of a single personality variable and seeks to determine its antecedents, correlated and behavioural consequences.

Very little research has been carried out in India and abroad relating to Depression, Locus of Control, Adjustment and Parenting as the dimensions of personality with special reference to parents of thalassaemic children

It is therefore, felt that if the personality dimensions of the subjects are linked with independent variables like parents of thalassaemic children, of lower socio-economic group, of equal distribution of male and female and sample selected from various hospitals in Baroda and Ahmedabad, we can interpret them in a different way

## 1.2 WHAT IS THALASSAEMIA?

Thalassaemia is a peculiarity of the blood that is found in many countries around the world and particularly in people of Mediterranean, Middle Eastern or Asian origin. It is rare in Northern Europe. Thalassaemia major is sometimes called Mediterranean Anaemia, Cooley's Anaemia or Homozygous Beta Thalassaemia.

### A. History of Thalassaemia:

People with Thalassaemia trait are less likely to die if they catch malaria. In the past, in countries where malaria was very common, people with Thalassaemia trait survived when other people died. They pass the trait on to their children so Thalassaemia trait was a great advantage and as time passed, it became more common in malarial parts of the world. Now, as malaria can be usually cured and prevented, Thalassaemia trait is no longer an advantage. It does not go away when malaria disappears.

Very many countries used to have malaria and all now have quite a large number of people with Thalassaemia trait. For instance, in Cyprus, one in seven people have Thalassaemia trait (both Turkish and Greek Cypriots), and in Greece, one in twelve people have Thalassaemia trait. In Italy and all of the Middle East and Asia, including India, Pakistan, Hong Kong, and Vietnam, the number of people with Thalassaemia Trait varies from one in fifty to one in ten in different areas. In Africa and West Indies, about one in fifty people have Thalassaemia trait.

### B. Blood and Anaemia:

To understand more about Thalassaemia, it is necessary to know a little about normal blood and about anaemia.

i. What is blood made of?

Blood is made up of a lot of red blood cells in clear, slightly yellow liquid called plasma. Each red blood cell lives only for about four months. It is then broken down. The blood cells are replaced very quickly as new red blood cells are continuously in the process of making. That is why people can give blood often.

Blood is red as the red blood cells contain a substance called haemoglobin. Haemoglobin is very important because it carries oxygen from the lungs to wherever it is needed in the body. Haemoglobin contains a lot of iron. When the red blood cells are broken down, most of the iron from the haemoglobin is used again to make new haemoglobin. Iron is lost from the body everyday and is again made up with the iron in the food that one eats. In fact, the main reason why people need iron in their food is to make haemoglobin.

ii What is anaemia?

The presence of too little haemoglobin in the blood leads to anaemia. There are many different kinds of anaemia. The most common is iron deficiency anaemia. This happens when there is not enough haemoglobin due to eating food that does not contain iron.

Thalassaemia major is a different kind of anaemia. It is caused by not having enough haemoglobin, but it has nothing to do with the amount of iron you're getting from your food. It is an inherited disease

**C. Forms of Thalassaemia:**

There are two forms of Thalassaemia, namely:

i Thalassaemia trait:

People with Thalassaemia trait are perfectly healthy themselves but they can pass Thalassaemia major on to their children as they carry the trait of Thalassaemia. They are not ill but have slight anaemia. They are also called thalassaemia minor. They also have more of a different kind of haemoglobin called haemoglobin A<sub>2</sub> in their blood. Thalassaemia trait is present at birth, it remains the same for life. It is inherited.

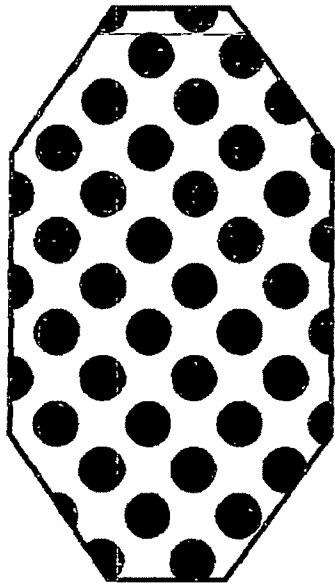
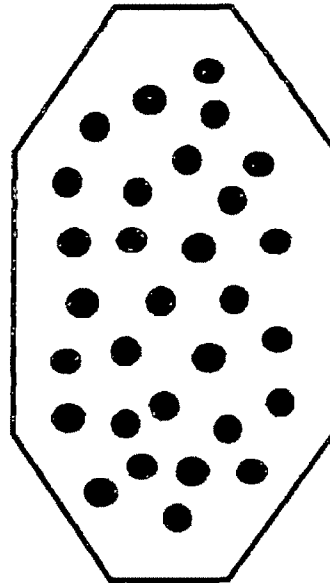
*Figure 1 shows the red blood cells of normal and Thalassaemic individuals.*

ii Thalassaemia major.

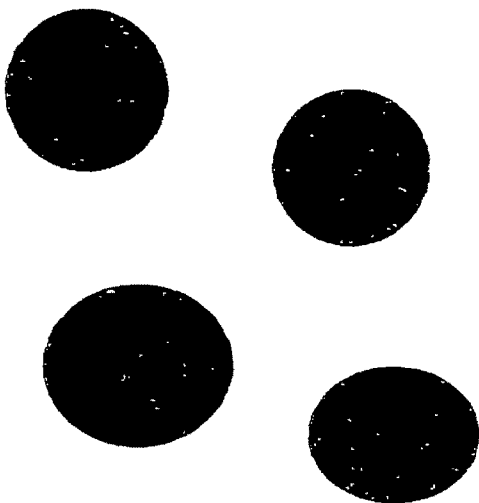
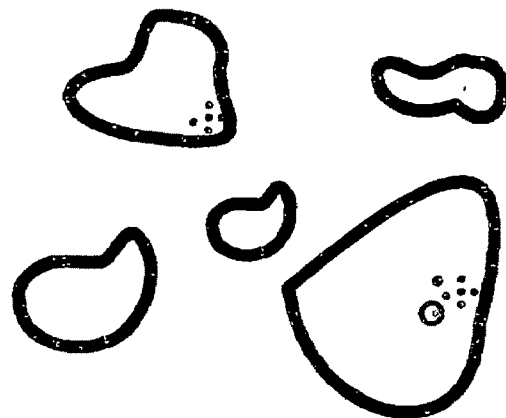
This is a very serious blood disease that begins in early childhood. Here the child cannot make enough haemoglobin in their blood. It is an inherited disease. Here the child's bone marrow cannot produce enough red blood cells. Every year at least 100,000 children are born in the world with Thalassaemia major.

There are two common types of Thalassaemia major, the alpha-Thalassaemia and the beta-Thalassaemia. Babies suffering from alpha-Thalassaemia die soon after birth or die while they are still within the mother, whereas those suffering from beta-Thalassaemia will survive but have to depend on regular blood transfusion for life. It is due to a genetic mutation whereby the victims are unable to synthesize normal healthy beta-globin chains, which is an integral part of haemoglobin in the blood.

*Figure 2 shows the red blood cells of normal and thalassaemic major individuals*

**Figure 1****Normal Red  
Blood Cells****Thalassaemia Trait  
Red Blood Cells**

The red blood cells of people with thalassaemia trait  
are smaller than usual

**Figure 2****Normal Red  
Blood Cells****Thalassaemia Major  
Red Blood Cells**

The red blood cells that are produced are nearly empty

Children with Thalassaemia major are normal at birth but become anaemic between the age of three months and eighteen months. Their haemoglobin drops to less than 50% so they look quite pale, do not sleep well, do not want to eat, and may vomit their feeds. They often have a big spleen. If they are not treated, they have miserable lives, they would become weaker and would stop growing. The spleen gets bigger, so the stomach becomes big. The cheek bones and bones of the forehead begin to bulge. They would usually die between one and eight years of age.

#### **D. How is Thalassaemia Trait Passed:**

Let us consider three sorts of couples:

- i. If both parents are not carriers, they cannot possibly pass on thalassaemia major to their children. All children will have normal blood.

*Figure 3 shows parents who are not carriers*

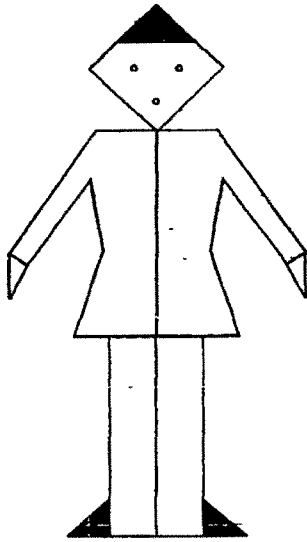
- ii. If one parent has thalassaemia trait and one is not a carrier there is a one in two (50%) chance that each of their children will have thalassaemia trait. People with Thalassaemia trait are completely healthy, so they can pass on the trait through many generations without anybody realizing that it is "in the family".

*Figure 4 shows one parent who is a carrier and one parent who is not a carrier*

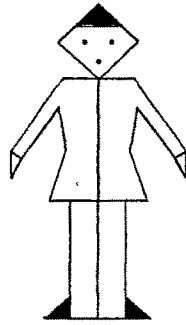
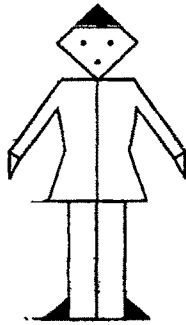
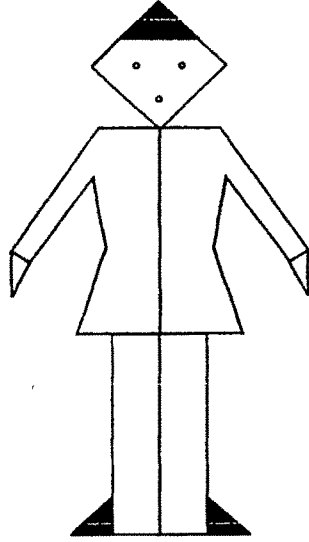
- iii. If both parents carry thalassaemia trait, there is one in four (25%) chance that their child will have normal blood, a two in four (50%) chance that the child will have thalassaemia trait, and a one in four (25%) chance that the child will have thalassaemia major.

Figure 3

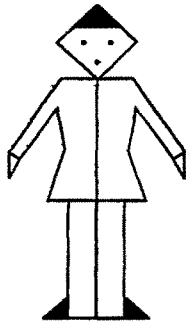
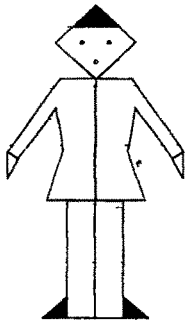
A PARENT WHO IS NOT A CARRIER



A PARENT WHO IS NOT A CARRIER



ALL THE CHILDREN WILL HAVE NORMAL BLOOD

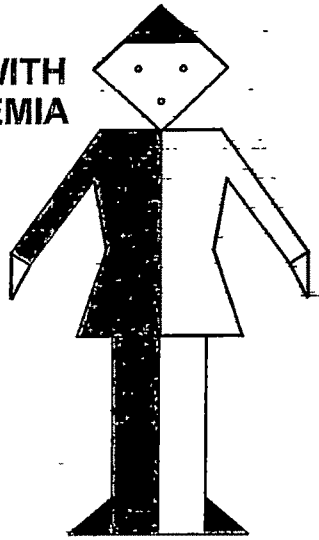


NONE OF THE CHILDREN WILL HAVE THALASSAEMIA TRAIT OR THALASSAEMIA MAJOR

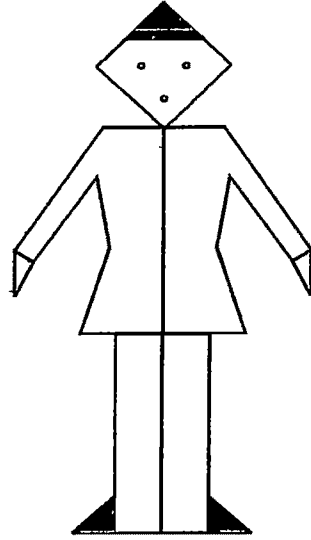


Figure 4

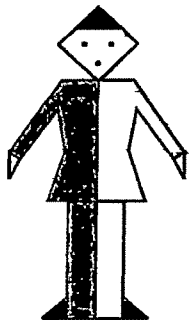
A PARENT WITH  
THALASSAEMIA  
TRAIT



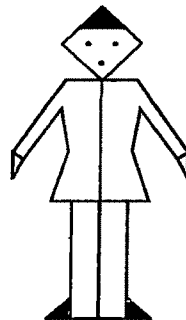
A PARENT  
WHO IS NOT  
A CARRIER



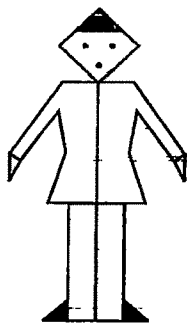
THALASSAEMIA  
TRAIT



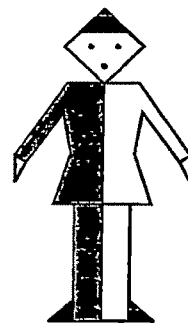
NORMAL  
BLOOD



NORMAL  
BLOOD



THALASSAEMIA  
TRAIT



NONE OF THE CHILDREN WILL HAVE  
THALASSAEMIA MAJOR

The chance of having a child with thalassaemia major remains one in four (25%) with each pregnancy even if you have a child with Thalassaemia major earlier.

*Figure 5 shows both parents with Thalassaemia traits*

### **E. Can Thalassaemia be Treated?**

The main treatment for Thalassaemia is regular blood transfusions, usually every four weeks. Most children who have these transfusions grow normally and live quite happily into early twenties. But to live longer they need other treatments as well. After each transfusion the red blood cells in the new blood are broken down slowly over the next four months. The iron from the red blood cells stays in the body. If it is not removed, it builds up and can damage the liver, the heart and other parts of the body.

At present the only way to remove the extra iron from the body is to give injections of a drug called Desferal under the skin from a small pump, called syringe driver, 5 to 7 nights of every week. Desferal picks up the iron and carries it out in the urine. This treatment is very successful and most children treated with blood transfusions and Desferal can now lead fairly normal healthy lives. But at the same time the treatment is very expensive. A look for better treatment alternatives is there all the time.

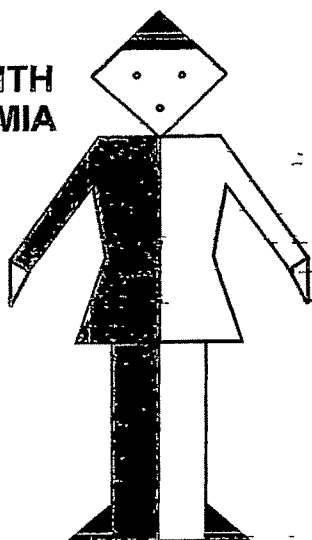
The ultimate cure for Thalassaemia major is bone marrow transplant. The whole procedure is extremely painful, dangerous and expensive.

### **F. How Can Thalassaemia Major be Treated:**

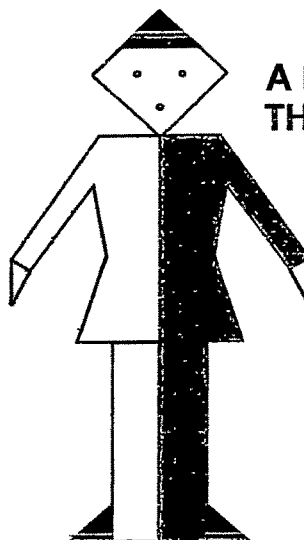
A cheap and simple test like the routine full blood count (FBC) is sufficient to screen and prevent beta-Thalassaemia. Patients who fail the screening test will have Hb electrophoresis to define their carrier status. If both the

Figure 5

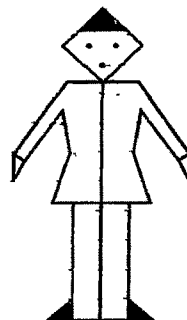
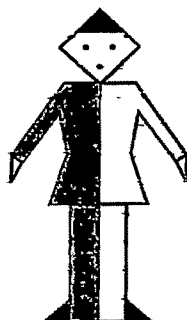
A PARENT WITH  
THALASSAEMIA  
TRAIT



A PARENT WITH  
THALASSAEMIA  
TRAIT

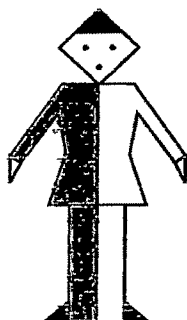
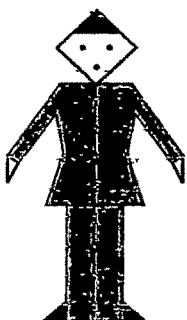


THALASSAEMIA  
TRAIT



NORMAL  
BLOOD

THALASSAEMIA  
MAJOR



THALASSAEMIA  
TRAIT

THE CHANCE OF HAVING A CHILD WITH THALASSAEMIA MAJOR  
REMAINS ONE IN FOUR (25%) WITH EACH PREGNANCY EVEN IF  
YOU HAVE A CHILD WITH THALASSAEMIA MAJOR.

parents are beta-Thalassaemia carriers, a foetal blood sampling is necessary to examine the Thalassaemia status of the foetus.

The trained Obstetricians are able to obtain foetal blood analysis at about 19 weeks of gestation. Should the foetus be suffering from Thalassaemia major, the mother would have the option of termination of pregnancy, which is still a rather safe procedure at this gestation.

There are three tests available for prenatal diagnosis:

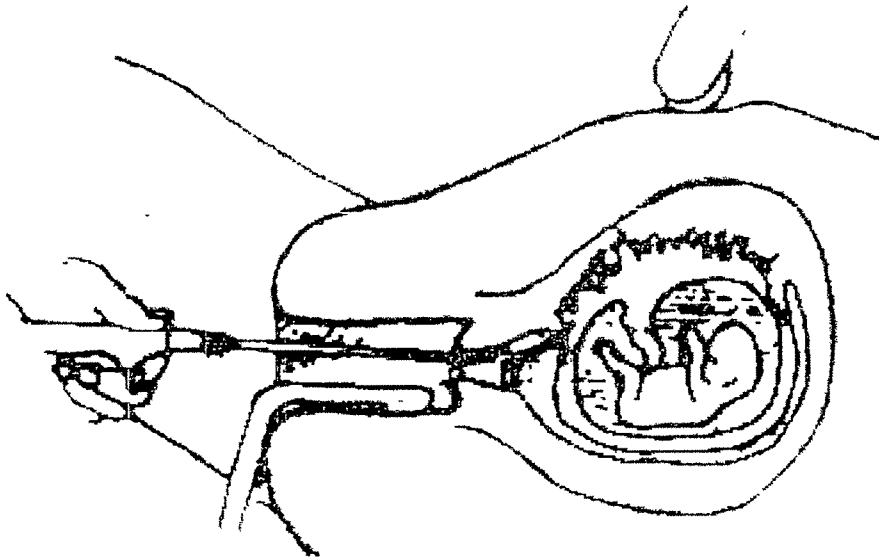
i. Chronic Villus Sampling (CVS):

CVS can only be offered to couples who come forward before 10 weeks of pregnancy. A blood test from both parents is necessary to ensure that CVS can be carried out. The laboratory test is performed by "gene mapping" and family studies are usually needed for comparison. Blood samples would be needed from living children or from the four grandparents, i.e., both parents of the parents.

This test involves obtaining a sample of the Chorionic Villus. Chorionic Villus is the tissue, which will go on to form the placenta or afterbirth, and this contains the copies of the genes the baby has inherited. Chorionic Villus samples may be taken through the vagina and cervix, or by putting a needle through the abdominal wall. It is a painless procedure.

The main risk of the test is that it may cause miscarriage in a few cases. It is however not possible to get an accurate incidence of miscarriage as 1 in 10 pregnancies will miscarry anyway before the 12<sup>th</sup> week.

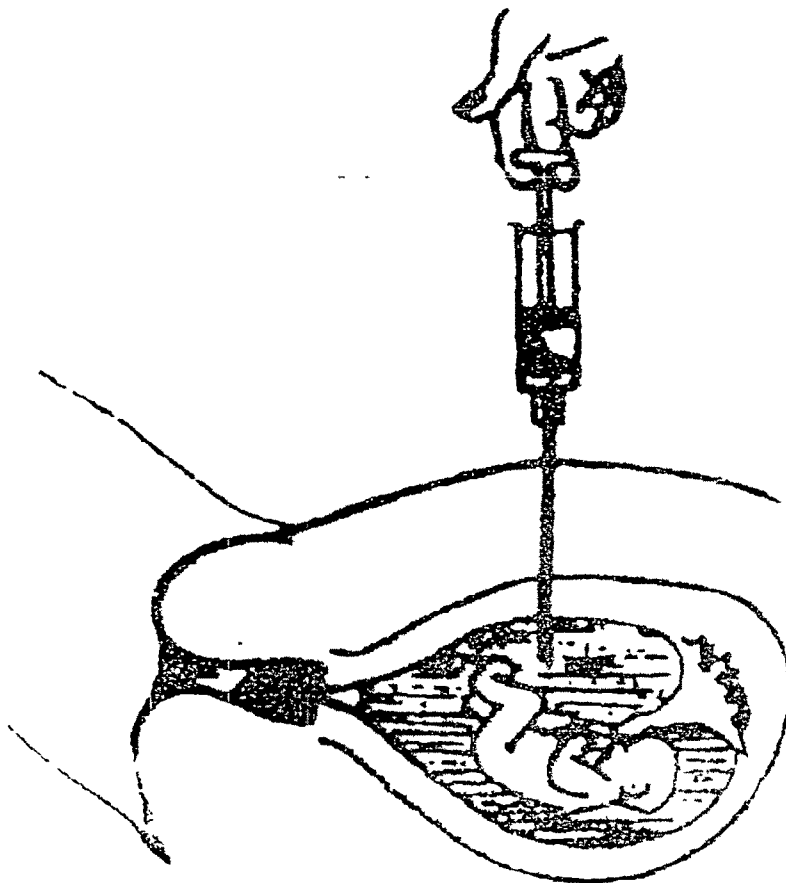
*Figure 6 shows an illustration of CVS*



Amniocentesis can be carried out between 14-18 weeks of pregnancy. It can be offered to couples that would have been eligible for CVS test but presented too late for this

The test involves obtaining a sample of the amniotic fluid that surrounds the foetus, by putting a needle through the abdominal wall. Amniocentesis carries a 1% risk of miscarriage. This test cannot be offered to all couples.

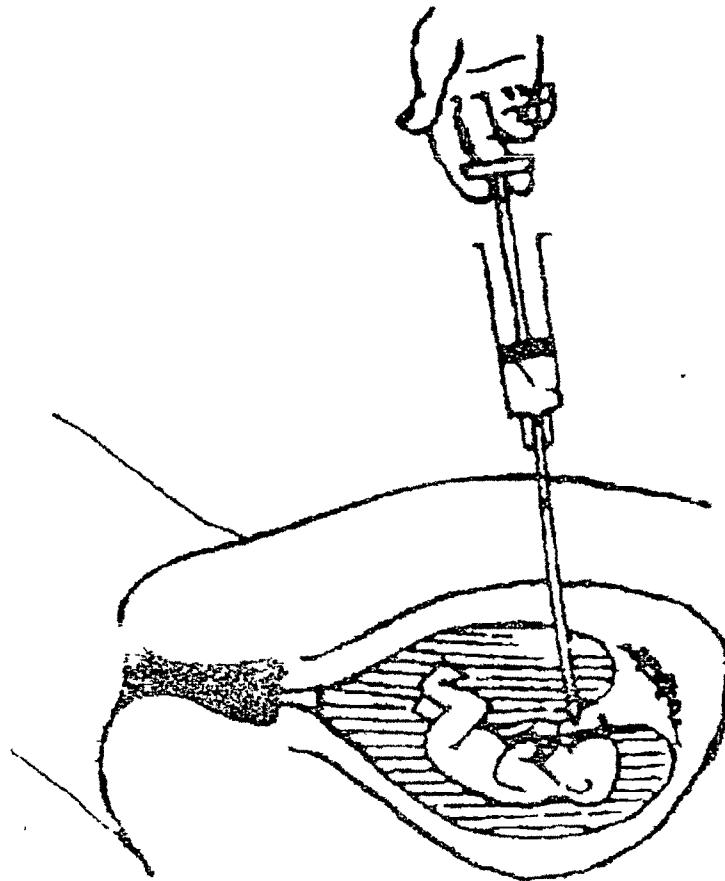
*Figure 7 shows an illustration of Amniocentesis.*



iv Foetal Blood Sampling:

Foetal Blood Sampling can be carried out at 18-20 weeks of pregnancy. A sample of the foetal blood is taken from the umbilical cord, by putting a needle through the abdominal wall. Foetal Blood Sampling carries a 2%-5% risk of miscarriage.

*Figure 8 shows an illustration of Foetal Blood Sampling from the umbilical cord*



### **1.3 DEPRESSION:**

#### **A. Introduction to the General Problem of Depression:**

Depression- the feeling of being pressed down by the world is a commonplace human experience. Its extremely crippling and paralyzing effect on human functioning has evoked tremendous concern on the part of layman and professional alike. The endemic nature of depression is evident from the fact that the entire form of music, called "the blues", is

devoted to this experience. Depression is as old as man. It has accompanied him throughout history, and the world's literature has chronicled it with the intensity and care that so ancient widespread a condition warrants.

Depression is a universal experience; the emotions of sadness and grief are an intrinsic facet of the human condition (Mendels 1970). The term "Depression" is used to cover a wide range of human behaviour and experience. The account of depression may range from mild but burdensome feeling that life is flat, dull, stale, and unprofitable to a kind of raging despair. It may be a short-lived "mood" or a seemingly endless state.

Worldwide evidence is slowly accumulating to show that depression has become the major concern of mankind. The present age - popularly known as atomic age - is characterized by high technological advancement. This has led to the development of a competitive age - conscious society with ambiguous norms. The fast rate of technological and social change has laid a great deal of adaptive demands on the individual with the limited adaptive resources. An individual of the present age faces a number of economic problems, uncertainties, unhappiness and instability in intimate, personal relationships. These stresses coupled with feelings of alienation, in all probabilities can lead to a depressive episode.

India, a developing country, is gradually giving way to the Western modes of life in place of the traditional values. The Western culture believes in achieving mastery over the nature and reshaping human destiny, whereas the traditional oriental values regard man to be subjugated to nature. The word 'depression' is used in many ways - to describe a mood, a symptom, a syndrome as well as a specific group of illness (Mendels, 1970).



It is interesting to note that in contrast to the "Age of Anxiety" that followed the World War II, we are now entering an "Age of Melancholy". Besides the stress characteristic of the present age, an individual, in his life span, faces various problems and crisis in life that place a great deal of pressure and demand on the individual's adaptive resources (Erikson, 1959). Most of these problems are typical of the age level a person passes through, e.g.: in childhood, the individual has to face the problems of walking, reading and writing. In adulthood, finding jobs, job advancements, marriage, parenthood, etc., and in later life, he faces the problems of retirement, physical changes and change in status (Kagan and Moss, 1962).

#### **B. Definition of Depression:**

Depression has been defined as an, "Emotional state characterized by extreme dejection, gloomy rumination, feelings of worthlessness, loss of hope and often of apprehension" (Coleman, 1981).

Since the earliest recorded times, the syndrome of depression has played mankind and occupied the attention of laymen and physicians alike. There is a tremendous amount of recorded history about depression (Grinker, 1961). The Old Testament's Book of Job has the most accurate description of clinical depression in the emotions of the Prophet Job (The Bible). The concept of Depression is a dynamic one that had its psychoanalytic underpinnings in Freud's seminal work "Mourning and Melancholia" (1917).

#### **C. Symptoms of Depression:**

Some of the symptoms of depression laid down by Aaron T. Beck are under four main headings

- i Emotional Manifestations  
Dejected mood, negative feelings towards self, reduction in gratification, loss of emotional attachments and crying spells
- ii Cognitive Manifestations  
Low self-evaluation, negative expectations, self-blame, criticism, indecisiveness and distortion of body image
- iii. - Motivational Manifestations:  
Paralysis of will, avoidance, escapist attitude, withdrawal, suicidal wishes and increased dependency
- iv. Vegetative and Physical Manifestations  
Loss of appetite, sleep disturbances, loss of libido, fatigability, delusions of worthlessness, crime and punishment, nihilistic and somatic delusions, delusions of poverty and hallucinations.

According to Beck (1967), during the developmental period, the depression prone individual acquires certain negative attitudes regarding himself, the outside world and his future. As a result of these attitudes, he becomes specifically sensitive to certain specific items such as being deprived, impaired or rejected. When exposed to such stresses, he responds disproportionately with ideas of personal deficiency, with self-blame and with pessimism.

The idiosyncratic attitudes represent persistent cognitive patterns designated as schemas. The schemas influence the way and individual orients himself into a situation, recognizing and labelling the salient features and conceptualizing the experience. When the idiosyncratic schemas in depression are evoked, it would mould the thought content and lead the typical depressive feelings of sadness, guilt, loneliness and pessimism. As the depression deepens, these schemas increasingly dominate the cognitive processes and not only displace the more appropriate schemas but also disrupt the cognitive processes involved, in attaining self objectivity and reality testing (Beck, 1967).

The classification of depressive disorders is still unsatisfactory. However, for simplicity one may remember two types -

1. Reactive v/s Endogenous: Reactive meaning secondary to, resulting from, or precipitated by an identifiable happening, thus a depressive episode following the death of a loved one could be termed reactive depression. Endogenous denotes a biological, somatic, or non-reactive condition
2. Neurotic v/s Psychotic: In neurotic the reality testing is intact, whereas, in psychotic the reality testing is impaired

#### **D. Causes of Depression:**

##### **i. Socio-Cultural Factors and Onset of Depression:**

Evaluating the prevalence of depression in non-Western cultures involves one in rather basic socio-cultural considerations. A universal attribute of man, we assume, is that he has a concern about his bodily well being and that he has feelings of various sorts. The experience that involves despondency, hopelessness and disappointment, especially if it includes bodily disturbances, is likely to direct an individual to various persons or institutions to seek relief. Culture, in short, provides the basis for, and meaning of the common experiences of man, and it prescribes action and behaviour under these conditions.

##### **ii. Psycho-physiological Factors and Onset of Depression**

The educational and economic level, the various espoused and psychological well being of parents, influence the development of the child, his behavioural adjustment and the likelihood of him developing depression. According to Lichtenberg (1957), depression results when a person feels responsible for his helplessness in regard with the kind of goal - a specific situation, a behaviour style, or a generalized goal to which the person directs

his expectancy. Thus, the psycho-physiological factors contribute to an individual's experience of depression.

### **E. The Problem of Depression in Retrospect:**

The problem of depression derives its theoretical background from the following literature

#### **i Early Studies:**

J. R. Whitwell (1936) and Gregory Zilboorg (1941), conducted painstaking investigations into the ancient roots of our concepts regarding all mental illness. The ancients classified mental illness into large categories of epilepsy, mania, melancholia and paranoia.

'Melagkholia' is the full Greek form of the term melancholia which stands for 'Black Bile' - Melas: Black, Khole: Bile. A sudden flux of bile to the brain was believed to bring unpleasant dreams and anxiety and a super abundance of black bile caused melancholia.

Shortly after the birth of Christ, Arataeus differentiated affective symptoms into mania, depression and manic-depressive disorders (Munsinger, 1983). Caelius Aurelianus disputed the notion that black bile was the cause of melancholia; he considered melancholia to be more frequent in the middle age, and that it rarely occurred in women. He believed that indigestion; use of drugs, grief and fear or other circumstances caused depression. He described the symptoms as mental anguish and distress, dejection, silence, death wish, animosity and suspicion, weeping without reason, meaningless muttering and distension and other physical symptoms (Grinker, 1961). Aurelianus also discussed melancholia and mania as alternate phases of the same disorder, which is quite similar to the manic-depressive concept developed later by Kraepelin (1921). Thus, we can conclude that the earlier researchers

knew something about the predisposing personality types, and were aware of some of the precipitating factors of depression. They were also aware of the fact that depression was a self-limited illness.

ii. German Descriptive and Nosological Literature.

Zilboorg pointed out the nineteenth century was an era of system building characterized by classification of mental illness. Kraepelin was the leader of the new era in psychology and psychiatry (Grinker, 1961). Kraepelin (1895) described depression as a disorder that developed gradually, proceeded for months and even years by indefinite prodromal symptoms. According to him the preliminary symptoms of depression were sadness, dejection, apprehensiveness and lack of enjoyment in work and with family. Later, doubts, fears, and self-accusations as well as dullness, confusion and forgetfulness overshadowed the patients. Kraepelin observed that depressed patients often suffered from delusions of hypochondriasis and guilt and became retrospective. Other symptoms he described were auditory hallucinations, strong suicidal wishes, anxiety, indifference and apathy, pessimism and irritability (Grinker, 1961).

Kraepelin also emphasized the role of premorbid personality in depression (Munsiger, 1983). He attempted to unite psychiatry with medicine by explaining depression in terms of hormonal, metabolic and physiological factors.

Bleuler (1911) described depression as a "flat, colourless affective state in which patients complain that they have no emotions". The expression is painful, desperate, anxious and usually with very little mobility. He stated that all depressives have three cardinal symptoms:

- 1 Depressed mood,

2 Mental retardation, and

3 Inhibition of the will

He observed that in majority of the patients the first attack occurs between fifteen and thirty years of age and melancholic episodes increase with age

Fredrick Albert Lange (1928) summarized the works of later German psychiatrists. He found that they placed a great deal of emphasis on premorbid personality and heredity. The pyknic body build i.e., the short stocky bodily configuration was related to depression. Preceding symptoms were stated to be minor episodes of attacks, hypochondriachal attitude towards self and a compulsive, sensitive attitude towards others.

Thus, the technique of observation and description of the clinical manifestations of depression and the classification of the syndromes into subtypes reached its peak from the efforts of the German psychiatrists before World War I. Between the two world wars, studies stressed the role of heredity and constitutional factors in depression. After the 1930s, the clinical descriptive method fell to a low esteem (Grinker, 1961)

### iii Twentieth Century Psychoanalytic Literature.

'The Second Psychiatric Revolution' occurred in the twentieth century with the advent of Freud and psychoanalytic theory, knowledge and technique, which underemphasized nosology and group prognosis but concentrated on individual psychodynamics (Grinker, 1961). The earliest serious attempt at a psychological explanation of grief and depression was published by Freud in his paper "Mourning and Melancholia"

Freud assumed that the major difference between normal mourning and abnormal depression is that of emotional self-centeredness.

Freud in 1922, explained two puzzling features of depression i.e , bereavement and self-recrimination through his concept of ambivalence. Freud believed that as a result of oral fixation, a person becomes dependent on others for self-evaluation. In addition, he assumed that the dependent personality coupled with later loss of loved one would generate serious depression. He emphasized that when there was a perceived or actual break in the object relationship, the free libido, gets withdrawn into the ego which leads to an ego loss creating a cleavage between the critical activity of the ego and the ego as altered by identification (Munsiger, 1983). Melancholia is thus, a regression from the object cathexis to the still narcissistic oral phase of the libido (Grinker, 1961). On the other hand, Freud also stressed the ambivalent nature of the patient's earliest love relationships. It is the sadistic side of the ambivalence directed towards the lost object, which becomes one with the ego and causes self-abuse and self-destructive tendencies of the depressed person. Each struggle of ambivalence loosens the fixation of the libido to the object by disparaging and denigrating it (Grinker, 1961)

Karl Abraham (1953) further advanced the concept of depression as explained by Freud. He became interested in depression in 1911 and at first; he was under the impression that "depression is to grief as anxiety is to fear". In 1924, he advanced the idea that in melancholia there is a regression to a primitive oral level (cannibalistic) as evidenced by the introjections and incorporations of the lost love object

Melanie Klein (1948) explained depression in terms of the mechanisms of projection and interjection, operative or near birth. These mechanisms are connected with a developmental stage, which she terms the "paranoid-schizoid" and "depressive" position. According to her, the basic "depressive" fear is the loss of internal objects with consequent disintegration of the infant's inner world i.e., when a child recognizes the existence of ambivalence in a close relationship, he fears for the destruction (loss) of the object and since his differentiation between self and object is incomplete, he fears for the loss of his internal "good" objects. The reactivation of this infantile depressive position leads to depression in adult life

Theresa Benedek (1956), in discussing the universal nature of a depressive constellation, develops the origin of this state in the psychobiology of the female procreative process itself. The term depressive constellation "designates a core organization of opposing, instinctual tendencies and their primary object representation"

Thus, the extensive psychoanalytic literature on depression elaborated the concept of loss and presence of aggressive feelings intertwined with melancholy as postulated by Freud (Mendelson, 1974).

#### iv. Modern American and English Reports

The American literature on depression is summarized in three great volumes - the Association for Research in Nervous and Mental Disease report on "Manic Depressive Psychosis", Volume II (1931), Volume on Depression edited by Hoch and Zubin (1954), and the chapter on "Manic Depressive Psychosis", in the American Handbook of psychiatry, published in 1959.



Arieti (1959) divides the symptomatology of depression into three areas:

1. A pervading feeling of melancholia,
2. A disorder of thought processes characterized by retardation and unusual content, and
3. Psychomotor retardation and, in addition, accessory somatic dysfunction

American literature reveals that the researchers and authors of this period leaned heavily on hereditary, constitutional aetiology theory. When they try to link the precipitating factor to depression they quote extensively from the psychoanalytic literature, e.g., Henderson, Gillerpie and Batchlar (1956).

Muncie (1948) describes depression as a reaction in which the dominant fixed mood of sadness or its equivalent appears. This results in general slowness and reduction of activity, loss of initiative, and ideas of unworthiness and self-depreciation. Depression of a pathological type is a major reaction of greater depth and fixity than the so-called normal depressions. Among the physiological alternatives are insomnia, poor appetite, weight loss, reduction in sexual functions, general reduction in tone of musculature, and periods of slow motility, atomic constipation, low blood pressure and pulse rate. Muncie describes depression with anxiety, sometimes reaching the point of panic. Here, there are marked disturbances of sleep, restlessness, tremors, accelerated pulse, heightened blood pressure, and sometimes elevated temperature. In hypochondriachal depression the presenting complaints are those of, concerned with health and associated with fatigue, headache and other various sensations in the body, which move from place to place and are characteristically worse in the morning (Grinker, 1961).

v Empirical Behavioural Studies:

Since researches began dealing with the phenomena of depressions in 1954, several excellent papers have appeared which indicate that others have also become interested in observing, describing, and re-evaluating the syndrome. Lichtenberg (1957) classified depression according to ego functions evidenced in orientation to tasks and to expectancies of success or failure in generalized goals, personality styles and particular styles. Lehmann (1959) defined depressive syndromes in terms of both primary and secondary symptoms.

Schmale (1958) has studied the relation of depression to the onset of somatic diseases of all types. Loss of a love object leads to feelings of helplessness or hopelessness. Depression results from an inability to replace the real or phantasized loss.

Behaviouristic theories of depression state that depression is largely a matter of social reinforcement. Lewinson (1974) and Seligman (1974) have published models of depressive disorders. Lewinson stated that when reinforcements are withdrawn, the person extinguishes his response and becomes passive and socially withdrawn, and, as a result, is labelled depressed. In essence, the individual is caught in a vicious circle of learned helplessness and hopelessness. Seligman (1974) proposed a theory of depression that he called "learned helplessness". This theory assumes that the main causes of depression are a person's belief that control over the environment is impossible (Abramson, Seligman and Teasdale, 1978).

vi. Cognitive Depression:

Beck's model of cognitive depression evolved from systematic observations and experimental testing (Beck, 1983). He rejects

Freud's basic idea of oral dependency, symbolic or actual loss, and anger turned inward. Instead, Beck believes that individuals become depressed because they have developed distorted cognitive beliefs. These beliefs constitute the "cognitive triad" (Beck, 1983) consisting three major patterns that include the patient to regard himself, his future and his experiences in an idiosyncratic manner. The other signs and symptoms of the depressive syndrome may be viewed as consequences of the activation of the negative patterns (Beck, 1983).

In viewing the cognitive model of depression, it is necessary to follow Beck's development of the theory, in its chronological order:

#### 1 Classification of Depression and the Cognitive and Psychological Manifestations (Beck, 1967):

- a) Cognitive manifestations. Beck (1967) classified the syndrome of depression into three categories - mild, moderate and severe. The cognitive manifestations are - low self-evaluation, negative expectations, self-blame and self-criticism, indecisiveness and distortion of body image.
- b) Psychological manifestations: The adolescent, with his/her multiple developmental tasks is subjected to a wide range of experience, both intrapsychic and interpersonal. Since adolescents contain renegotiations of both, the original separation individuation efforts and previous oedipal resolutions, it can be considered that the mourning mechanisms are in a state of relative incompleteness. The final stage of mourning depends on the successful resolution of the adolescence.

## 2 Relation of Personality to Depression (Beck, 1976, 1983)

In his attempt to relate particular clusters of personality attributes or cognitive structures with the types of emotions that are aroused in a particular situation, Beck found that for a given individual, specific stressors are linked to specific emotional reactions. Beck found that related to depression, there are two types of personalities – the social-dependent type and the autonomous type. Beck discovered that whereas, the "autonomous depression" is permeated with the theme of defect or failure, "reactive depression" (social-dependent mode) patients are preoccupied with the theme of deprivation. The precipitating factor for depression among individuals with autonomous personality is impediments in their goal-seeking behaviour and among depressed individuals with social-dependent personality is actual or perceived interruption in "pipeline" of social supplies.

### vii. Depressive Illness in India:

A disease of antiquity, depression is an illness with a long ancestry. As in other instances, depressive illness figures fairly prominently in the sacred writings of India, her mythologies, literature, the twin epics Ramayana and Mahabharata and her folklore are ancient medical monographs and compendia.

The hero of Ramayana, Rama suffers from the first episode in his fifteenth year. Wholly absorbed in pensive thought, he forgot to perform daily allotted duties of life and his mind grew despondent. His followers fell at his feet and asked him of the cause of his mood to which Rama merely replied by performing his daily duties with such a depressed mind and dejected face that it affected all that saw him.

Depression striking Arjuna in the Mahabharata epic in anticipation of the destruction and killings in the Battle of Kurukshetra was relieved by Lord Krishna's admonition and counselling in Gita, India's scriptural masterpiece.

Ayurveda, the science of medicine, contemporaneous with Vedic India upheld the hypothesis that the health of an individual depends upon the state of equilibrium of bodily and mental humours. The disease resulted from disequilibratory states of humours called "doshas", collectively called "unmad" insanity, which resulted from the disorders of the "doshas".

'Kaphonmad' and 'Triodoshanmad' in Ayurveda correspond to the endogenous variety and 'forefather's constellation disease' (Pitur Graha Vyadhi) to the exogenous type.

The prevalence of the illness in the general population in different parts of India was offered by Venkoba Rao (1984). Reports show evidence that the occurrence of the disorder is four to five times more in the northern and eastern India than the Western and Southern areas.

Urban depression is reported to be common than the rural type. Rural depression has been diagnosed among some tribals in certain parts of India Nandi observed in 1977. "in spite of the unmistakable cultural disturbances between a brahmin and a tribal, the picture of a psychotic brahmin is not different from a psychotic tribal Sethi and Gupta (1970) summed up that "urbanized areas produce more noise, more pollution, more contamination, more friction, more challenges and more depressions"

Female sex, low social class, widowed state, unemployed condition, low educational level, nuclear family, living alone and high incidence of the physical illness were found to be associated with depression in a study conducted by V Ramachandran, M. Menon and S. Arunagiri in 1982.

#### 1.4 LOCUS OF CONTROL:

##### A. Concept of Locus of Control:

The concept of locus of control is sometimes referred to as internal versus external control (I – E). It was first outlined by Rotter (1966) and defined as follows:

“When a reinforcement is perceived by a subject as following some action of his own but not entirely contingent upon his action, it is typically perceived as the result of luck, chance factor, as under the control of powerful others or as unpredictable because of the complexity of forces surrounding him” When an individual interprets the event this way, we have labelled this a belief in **external control**. If the person perceives that the event is contingent upon his own behaviour or his own relatively permanent characteristics, we have termed this as a belief in **internal control**

Locus of control is not a typological concept. It is not the case that people are either internally or externally controlled. Locus of control is a continuum and people can be ordered along that. For the sake of convenience, we will refer to internals and externals but it should be emphasized that the behaviour is determined by many converging factors.

To illustrate Rotter's (1966) description of the external individual, aptly fits many individuals who live and work in our society. The individuals have

been variously depicted as powerful, fatalistic, alienated or norm-less. Regardless of terminology, however, all live in a world that does not seem able to come to grips with overcrowding, overpopulation, population, the generation gap, campus disturbances, ghetto riots, police riots and so on.

## **B. Some Theoretical Background:**

Locus of control was developed from the framework of the Social Learning Theory (Rotter, 1954, Rotter, Chance, and Phares, 1972). In the most rudimentary sense any behaviour is determined by:

- i. The individual's expectancy that the behaviour in question will lead to reinforcement, and
- ii The value of reinforcement.

The magnitude of that expectancy and value of reinforcement are conditioned in part by nature of the specific situation to which we are predicting. Therefore, prediction of behaviour involves four variables:

- i. Behaviour:  
Any response to a meaningful stimulus (one that has acquired meaning as a result of previous experience), which can be measured either directly or indirectly, would be qualified. Behaviour, which is usually labelled as 'cognitive' or implicit, is not observed directly, it must be inferred from the presence of other behaviour. For example, the behaviour of looking for alternative solutions, studied by Schroder and Rotter (1952) Looking for alternative solutions to problems was inferred to be present when the test for its occurrence took place – longer time taken by subjects for the solution of a previously solved task and shorter time for the solution of a new task requiring alternative solution as compared to other subjects.

ii. Expectancy.

Expectancy may be defined as the probability held by the individual that a particular reinforcement would occur as a function of a specific behaviour or his part in a specific situation or situations. Expectancy is independent of the value or importance of the reinforcement.

Expectancies in each situation are determined not only by specific experiences in those situations, but also, to some varying extent, by experiences in other situations which the individual perceives as similar. One of the determinants of relative importance is of generalized expectancies versus specific expectancies developed in the same situation and the amount of experience in the particular specific situation. These relations are expressed in the formula below (Rotter, 1954; p 166).

$$E'_{s1} = E'_{s1} \& \frac{GE}{N_{s1}}$$

In this formula, S1 represents the specific situation and N is the function of the amount of previous experiences the individual has had in that situation. E represents expectance, E' represents a specific expectancy, and GE represents generalized expectancy. Thus, this formula suggests situational variables as well.

The expectancy that a given behaviour will be successful in a specific situation depends on the frequency with which the person has been rewarded in this situation before. The frequency of achievement of similar rewards in the past and the nature of a variety of generalized experiences involve such things as I – E, trust and many others.



a Reinforcements

Reinforcement is related to a situation in which the behaviour is encouraged either by means of symbolic manipulations or by attending to the behaviour of another person and its consequences for him or her, which then alters the individual reinforcement values.

When we attempt to obtain reinforcement and fail to do so, not only do our expectancy for obtaining it reduce in the future circumstances, but the reinforcement itself may become associated with unpleasantness of failure and thereby decrease in value.

b. The psychological situation of particular import of locus of control:

In the Social Learning Theory, we define the psychological situation as a complex set of interacting cues acting upon an individual for any specific time period. These cues determine, for the individual, expectancies for behavioural reinforcement sequences and also for reinforcement. Such cues may be implicit or explicit, that is, they may be thoughts, ideas or internal stimuli such as pain, pleasure, excitement or fear. Implicit responses may be carried over from a prior experience and may not be related to what are considered as present external cues.

There is a reason to think that one's locus of control may be more a cognitive experience than an actual reality. An adolescent's prior belief about control may influence the amount of effort and resistance that is expended. While the external youth may be controlled by many situations, it may be due to his or her lack of effort rather than limited capability

### C. Needs:

Rotter's Social Learning Theory assumes that people are goal oriented. Any behaviour or set of behaviours that people see as moving them in the direction of the goal can be said to satisfy a need. Needs are not seen as states of deprivation or arousal, but as indicators of the direction of behaviour. The difference between needs and goals is semantic only. When focus is on the environment, Rotter speaks of goals; when it is on person, he talks of needs (Rotter, Chance, Phares, 1972).

Rotter lists six categories of needs (Rotter and Hochreich, 19750). Each category represents a group of functionally related behaviours, that is, behaviours that lead to the same or similar reinforcements. The following list is not intended by Rotter to be exhaustive, but it does represent most of the important needs in humans.

**Recognition-Status:** The need to be recognized by others and to achieve status in their eyes is a powerful need for most people. It includes the need to excel in those things one regards as important, for example, school, sports, occupation, hobbies and physical appearance. It also includes the need for socio-economic status and personal prestige.

- i. **Dominance.** The need to control the behaviour of others is called dominance. This includes any set of behaviours directed at gaining power over the lives of friends, family, colleagues and subordinates, e.g., talking fellow workers into accepting one's ideas.
- ii **Protection-Dependency:** An opposite set of needs involves protection-dependency. This category includes the needs to have others take care of us, keep us from experiencing frustration and

harm and help us satisfy other needs, e.g., asking our spouse to stay home from work and take care of us when we are ill.

- iii. Independence: Independence is the need to be free of the domination of others. It includes those behaviours aimed at gaining the freedom to make one's own decisions, to rely on oneself and to attain goals without the help of others, e.g., declining aid in repairing a bicycle.
- iv. Love and affection: A strong need in most people is for love and affection. This includes a need for acceptance by others that goes beyond recognition and status to include an indication of liking or affection. It includes those behaviours aimed toward securing warm regard, interest and devotion from others, e.g., a young man who does a favour for his girlfriend, hoping that she will tell him that she loves him.
- v. Physical Comfort perhaps the most basic need, in the sense that other needs are learned in relation to it, is the need for physical comfort. This includes the need for food, good health and physical security.

#### **D. Factors Affecting Locus of Control:**

Different aspects of life affect our locus of control. In general research, this area is sparse, inclusive and heavily correlated with nature. So many seemingly desirable outcomes are associated with locus of control, sometimes with internality and, sometimes with externality, that knowledge of the condition that change I-E beliefs becomes very important.

- i. **Social factors:** With respect to social factors, research indicates a relationship between social class and locus of control. The lower socio-economic group is found to be more external. Of course those ethnic and minority group that possess little access to social or economic power and mobility are going to be over represented in the external group. Work by Battle and Rotter (1963) and Lefcourt and Ladwig (1971), showed that lower class Negroes were considered more external than the group of middle class Negroes
  
- ii **Age Factor:** Growth in the extent of belief in internally controlled may be accepted with increasing age. Research by Penk (1969) and Grandal (1965) support the view that as a child develops he becomes a more effective human being and this increases his belief in internal control. However, there are many complications. Events in the life of the individual that lead to a fear of loss of control might easily result in changes in an external direction, e. g., loss of parental support as one leaves high school (Grandall, 1965) may temporarily retard internal belief. Similarly the plight of many aging people or less those who are physical deteriorating makes them dependent on others, would likely lead to an increase in external belief

### **1.5ADJUSTMENT:**

In daily life we speak constantly of adjusting to something. It means it is inevitable in order to express the idea that we accept things which we have no control. The way an individual accepts situations determine the pattern of his personality and the quality of his adjustment. A very general meaning is the process of living itself, the dynamic equilibrium of total organism or personality. The healthy person seems to live smoothly, taking things in his stride even when conditions are difficult. Less healthy persons become more upset easily and require considerable time to get

back into their stride again. The maintenance of homeostasis may be considered as a general adjustment process.

A second use of the term refers to the state of being adjusted. A wristwatch can be adjusted i.e., putting into good adjustment. A watch can be thought of being poorly adjusted or well adjusted and so it is with the human being. If one's adjustment is poor, it means maladjustment, he is immature having not yet achieved the adjustment appropriate to his age.

Conflict plays a major role in showing one's adjustment in a situation. Conflict-laden behaviour illustrates inefficiency in adjustment simply because the individual has continued to be unable to learn his way of solving the problems he faces.

#### **A. Concept of Adjustment:**

The concept of adjustment originated in biology. In biology the term usually employed is 'adaptation', a concept which was a cornerstone in Darwin's (1859) Theory of Evolution.

Biologists and physiologists are still concerned with adaptation, and many human illnesses are considered to be a result of physiological process of adaptation to stress life (Selye, 1956).

The biological concept of 'adaptation' has been borrowed by psychologists and renamed to 'adjustment'. Adaptation and adjustment together represent functional perspective for viewing and understanding human behaviour.

Different psychologists, biologists, mental hygienists and other behavioural scientists have described the word 'adjustment' in many ways. The adjustment process is multidimensional. The term

adjustment has at least five different meanings according to Sawrey, J. M. G and Telford, C W.:

- i. When we move to a new locale, we speak of becoming 'adjusted' to climate, weather attitude or to new social situation. By this we mean that we have become accustomed to new conditions so that we no longer noticed them or are disturbed by them. In this particular example, the 'adjustment' to change altitude, temperature and general climate conditions involves some homeostatic and reflexive changes which make it possible for a person to sustain effort more easily and even survive longer than was not possible when first subjected to these changes. These are 'getting-used-to-it' effect.
- ii. At other times we find ourselves in social circumstances which cannot be changed and we are told that we will have to 'adjust' to these conditions. Here, the implication is that we will just have to accept and learn to live with those things which may irritate us but which cannot be changed.
- iii. In more active sense, we may be told that we should:
  1. 'Adjust' ourselves to' the social demands of our culture. This usually means that we conform to ways of the majority or to the mores of segment of social expectancies
  2. In a different sense, we speak of 'adjusting differences', between or among people. In such a context adjusting consists of harmonizing or compromising differences of opinion or practice. This often involves bringing divergent opinions or practices into agreement with each other.

- 3 Another emphasis to the conformity meaning of 'adjustment' is to make things more accurate or precise. One may 'adjust' his ideas to facts of the situation. We also 'adjust' or regulate our routines to conform to the time limits imposed. These meanings of adjustment have an external frame of reference. A person must either fit in with his physical environment or with another person. A person may be 'personally adjusted' or 'adjusted to himself'.
- iv The integrated, self-consistent, self-accepting, 'happy' person is the goal of the adjustment process. The well-adjusted person is conceived of as free of internal conflicts, external coercion and self-condemnation.
- v. According to conception of adjustment as self-realization or self-actualization, 'good-adjustment' consists of the maximum realization of one's potential.

## **B. Theories of Personality:**

When we observe the behaviour of human beings, the rich complexity of behaviour and the puzzling difference among individuals are apparent. In order that behaviour can be viewed with systematic understanding, it is necessary to impose organization. Our private systems however are incomplete so we do not take into account of how people interact with us. How do most individuals interact with others, how do they behave and adjust to their new situations is known through their personality.

Freud's theory of personality is concerned with the totality of human experiences. The scope of psychoanalytic theory enables us to speculate a wide variety of human behaviour which consists of careful

examinations in a treatment situation of the life history of the individual, leaves a good deal to be desired in rigor.

Similar evolution may be applied in Jung's personality theory. Again there is a lack of rigor in defining concepts and pursuing evidence; again the richest speculation is with the totality of human experience. Jung's basic unit of investigation is 'psyche'. With this concept he refers to the psychological structure of the human being. He thinks of the psyche as a kind of non-physical space where in psychic phenomena occurs. In order to describe these phenomena, Jung has found it necessary to develop a vocabulary which is not widely shared and which includes such concept as persona, personal unconsciousness, collective unconsciousness, anima, animus and archetypes

Sullivan's theory is based on the interpersonal theory, according to him personality is a relatively enduring pattern of recurrent interpersonal situation, which characterizes a human life. The proper field of investigation is the interpersonal situation. The individual does not and cannot exist apart from transaction with other people

Eysenck represents hierarchal models of personality organization, describes procedures for discovering relatively pure, psychological factors, which are denotable, measurable and lie in the back of the specific acts of human beings. Eysenck advocates for the application of a methodology, which he feels, will ultimately lead to a clarification of the entire field of enquiry in personality theory.

Maslow also represented the hierarchical model of personality organization. He formulated a theory of motivation, which explicitly orders physiological needs, the need for safety, love, esteem and self-actualization into a hierarchy of prepotency. His approach is therefore,



speculative and derives most directly, however, from clinical experience. His theory emphasizes the striving, self-actualizing and healthy aspect of the individual

Roger's theory is the theory of the self or self-regarding attitudes. His theory tends towards self and attitudes towards others. The basis for the theory of personality uses as its major construct, the self-concept. This term refers to the totality of attitudes the individual holds with reference to himself. The self-concept is learned in evolutionary transaction with others and it influences behaviour whether or not it is accorded with reality.

### **C. The Adjustment Process:**

Adjustment is a process of interaction, a continuous and therefore never complete process and a process of cause and effect relationship.

#### **i A Process of Interaction:**

Personal adjustment is a process of interaction between our environment and us. In this process we can either adapt to the environment or alter it.

This interaction of organism (O) with the environment or world (W) is sometimes represented by the formula W-S-O-R-W (Woodsworth and Marquis, 1947). This means that out of a world (W) of potential stimuli, some of those to which the organism is sensitive become effective stimuli (S). These impinge on individual or organism (O), which, in turn, responds (R). This response acts back on the world (W) and can change the environment and modify the stimuli to which the individual is responding.

ii. A Continuous Process :

Adjustment is a process of continuous interaction. Neither the individual nor his world is constant or static. Both are being acted upon and modified continually. Recognition of this process of continuous interaction leads us to realize that no human adjustment is ever complete or ideal.

iii A Process of Cause and Effect:

In studying adjustment we assume that there are orderly, lawful relationships between any behaviour and its antecedent conditions between causes and effects.

Only in few simple instances might we be able to identify a single causative factor in someone's actions. Usually, there is a number of contributing causes, some of them obscure, while others easily identifiable. This multiplicity of causes complicates the study of human behaviour and personal adjustment and explains why personal adjustment problems are frequently puzzling and difficult to solve. An unsatisfactory personal adjustment causes alienation to a certain degree.

**D. Determinants of Adjustment:**

Infancy stands in a position of heredity. In other sense, infancy makes possible socio-cultural heredity. The moulding of the individual to fit the standards set for him by society. Physical heredity assures the human organisms of a prolonged infancy as a part of life cycle. From then on, the human parents and social group of which they are chiefly responsible for the personality which develops. This personality will, as a result of its infant mobility, will be able to adapt itself to more variable conditions and to more complex levels of living.

Culture plays a major role as a determinant of adjustment. Adjustment techniques will differ from culture to culture and that the specific adjustment patterns, which predominate in a given culture, are related to the experiences which that culture defines appropriate for its members.

Family is a powerful integrating force in the combination of individuals at different stages of life cycle. If each person encouraged contributing and enjoying full privileges of the community according to one's abilities, then it can be most constructive. It is a constant climate in which the personality is produced and preserved.

In secondary determinants one can include personal health, emotional expression, social interactions, vocational skills, sex typing, age norms, etc

#### **E. The Adjustment Schema:**

The variety and types of organized outlets for frustration and stress are as wide as human behaviour. In the very nature of the case, an active, energetic, living organism will meet many life situations which involve materials, objects, other persons, social conventions, and management controls. Because the individual has a limited time in which to function, he or she has a limited time in which to function, he or she cannot build adequate or complete reactions to each situation. Some blocking and thwarting are inevitable. As a result, every person has some organized emotional outlets, as well as the more adequate direct reactions. Many outlets can be viewed as the cushions or devices which protect the personality and enable it to move ahead in a world in which there are many blocks

The works of a Whitman, a Poe, or a Van Gogh, may seem maladaptive when viewed in terms of their immediate personal situation, but from the social point of view they are great contributors.

In figure 9 the whole gamut of outlets is represented diagrammatically. The person is shown in a field of forces, adjusting to an object or goal behind the barrier.

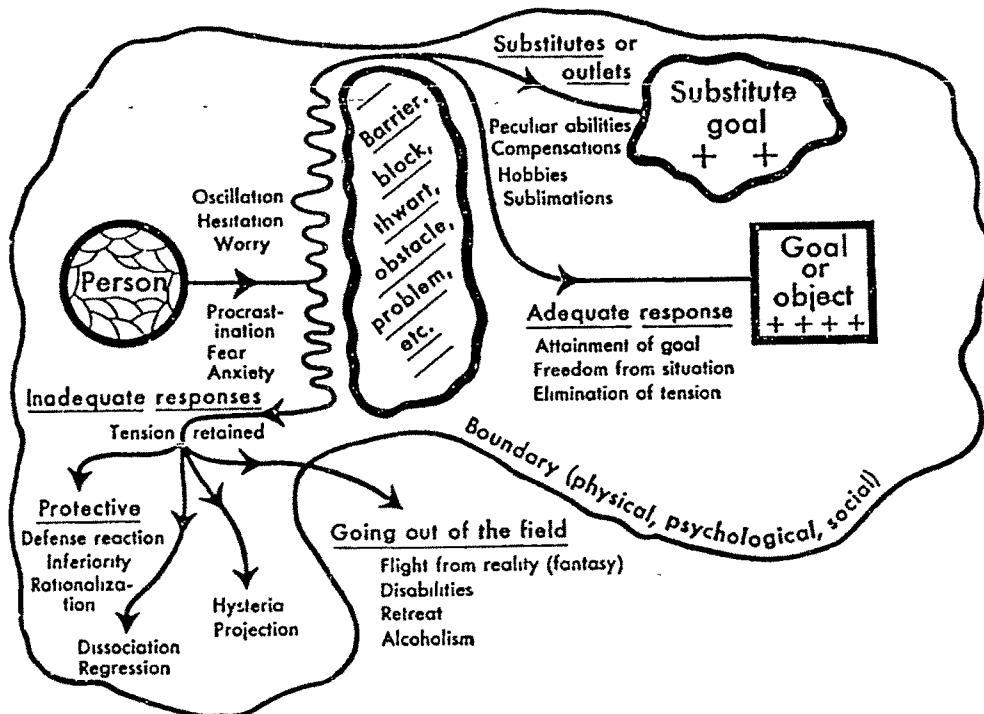
The person represented at the left is within the field of forces, indicated by the largest enclosing line. Between him and the object or goal (with its plus or minus valences) there is a barrier, block, obstacle or thwart which prevents access to the object or goal.

If the person does not find his way around the barrier, there will be repeated and futile attacks against it, with some dilapidation of behaviour and some hesitation, worry, procrastination, fear, and anxiety. If he or she continues to attack the problem, he or she may find some substitute outlet which is less than adequate but which is nevertheless acceptable, this outlet may take the form of compensation, or sublimation – as shown in the upper right corner. Or he/she, under continued blocking, develop an inadequate response by going out of the field, fleeing from reality, and denying that the situation exists. He or she may also react by developing feelings of inferiority, by regressing, by displacing, by projecting, his difficulties on others, or by becoming dissociated – all shown in the lower left corner.

In the light of the present study, the person here would be the parent. The problem would be the thalassaemic disease. The substitute goal would be the decisions that the parents make, e.g., not having any more children and the goal would be the trying to fight the disease of their child, trying to give their children the best possible medical and psychological interventions. If the parent is not able to deal with the

problem, he or she would deny the child's disease, displace their anger and project the problems onto others, or sublimate it, which are noted in the present study

Figure 9 Shows Schema of Adjustment



## 1.6 PARENTING

Families are groups related by kinship, residence, or close emotional attachments and they display four systemic features – intimate interdependence, selective boundary maintenance, ability to adapt to change and maintain their identity over time, and performance of the family tasks (Mattessich and Hill, 1987).

The tasks performed by families include physical maintenance, socialization and education, control of social and sexual behaviour, maintenance of family morale and of motivation to perform roles inside and outside the family, the acquisition of mature family members through

procreation or adoption, and the launching of juvenile members from the family when mature (Mattessich and Hill, 1987).

Definition of family must be flexible enough to accommodate a wide variety according to Walker and Crocker (1988), a family system can be defined as any social unit which an individual is intimately involved, and which is governed by "family rules" One key concept of the family systems is recursive causality, in which family members reciprocally influence each other over time

As they evolve, family and community structures adapt to the physical and social conditions of production (Wenke, 1984). Similar evolutionary forces lead to changes in family dynamics and in child-rearing practices. Parents adjust their child-rearing behaviour to the risks that they perceive in the environment, the skills that they expect their children to acquire as adults, and the cultural and economic expectations that they have of their children (LeVine, 1974, LeVine, Miller, and West, 1988).

Parenting as a 'role – ship' of the institution of family, relates to the upbringing of the child. The positive interactions help the child in his actualization of 'I am, or what I will be'. Parents acting as 'Key – models' guide and educate them. Bestowal of love, acceptance, independence, encouragement and democratic way of dealings, constitute the normal or 'desirable' parenting (Symonds, 1938; Baldwin et al 1949, Roff et al 1949; Schaefer, 1946). Parenting based on faulty 'reality-value-assumptions' which ends in discouragement, rejection, hate, autocracy, dependency, and submission is undesirable and can be termed as deviant. The child turns into a parasite and an insecure entity (Mead, 1945; Radkhe, 1946; Milos, 1946). Parenting that has been characterized, as 'permissive', 'restrictive' or 'inconsistent', happens to be deviant in taste and temper.

'Mothering' and 'Fathering' are 'sex-roles' of parenting. Both of the 'sex-roles' are of a crucial worth. Friendship with less of punishment and dominance characterize 'mothering' (Gardner; 1947; Kegan, 1965) 'Fathering' appears as a 'bridge' by which the child reaches the outside world (Meertos Joost, 1958; Bernhardt et al., 1975). It fosters both an emotional and psychological support to the child (Parsons, 1955; Johnson, M.-M , 1963) Assertiveness and independence gets symbolized in 'fathering' Variations in 'sex-roles' determine deviant or non-deviant parenting facilities It has been noted that 'fathering' in non-deviant parenting families, associates with the promotion of acceptance and differentiation experiences of the child, but in deviant parenting families, it relates to the maximum of 'identification' satisfaction. Satisfaction of 'identification' and 'cooperation' go with 'mothering' in non-deviant parenting families but in deviant parenting families, 'mothering' gives differentiation and 'rejection' experiences to the child (Khokhar, C.P., 1984)

### **A. What is Parenting?**

What does a child want? He only wants to be enjoyed for what he is. He wants a niche of his own in his parents' heart. Raising children is one of the most important and difficult jobs. It is a task that parents have to accept even though there is very little experience and absolutely no formal training There are not many ways to know for sure whether a parent is doing that job well

Success in parenting is a journey, not a destination The parents need to ensure that they are on the right road and going in the right direction instead of just at the right speed. While the children feel that they have to lie on a bed of thorns, the parents' lament often is that theirs is not a bed of roses either. Learning to parent is made up of learning from mistakes and not from successes. When something goes wrong, a parent must

reorganize in order to remedy the situation. Mistakes and wrong choices stand out and grab the parent, successes do not

Parental love is not a romantic, euphoric, sentimental, gushy visceral feeling but a love which involves appreciating each child's individual make-up, responding with genuine pleasure to a child's achievements and disciplining children by firmness and example rather than by authoritarianism and punishment. Parental love is not just hugging and beaming and bragging. It also includes wanting the children to be approved of by the parent's relatives and friends for their help and politeness and to be appreciated by their teachers for their good habits, wanting them to grow up to be responsible workers, respected neighbours, devoted spouses and parents.

Psychological growth takes place in many directions and not all at once. The cost of each new achievement can temporarily disrupt the child's and the family's whole progress. Parents can become alarmed and lose their own balance. Each of the child's behaviour is seen as an opportunity to understand the child more deeply and to support his or her growth, rather than to become locked into a struggle. A child's particular strengths and vulnerabilities as well as temperamental and coping styles also matter. Parents are likely to meet a child's behaviour with anxiety and an attempt to control the behaviour. At a time when the child is searching for a new sense of autonomy, the parents add the pressure to conform. This can reinforce any deviant behaviour and set it as a habit pattern. Passion creates determination, which may supersede judgment. If parents can understand the child's powerful need to establish his or her own autonomous pattern, they may be able to break a vicious circle of overreaction and conflict. Rewards for right choices are deep and quiet. In any case, what parents do at any point may not be as critical as the emotional atmosphere that surrounds their action.



Some of the parents who confess lack of feelings of love are blaming themselves unnecessarily and that some of those who are trying to show absolute love are trying to achieve what is humanly impossible. Love in that sense covers a lot of attitudes and feelings: clinging for security, physical attraction, possessiveness, religious devotion, adulation, companionship and so on. The love that a parent has for a child is that of unreasonable sacrifices if it seems essential. They will continue to want to help him even when he is an adult, no matter what trouble he gets into and no matter how strongly they disapprove of what he has done. It brings out the difference between the kind of fondness one might feel for anyone's child which may fade if the child disappoints seriously enough and the devotion to one's child which persists through thick and thin as the child is of the parents' forever. In that sense, devotion is the most vital element in parental love. It is oversimplifying to emphasize one characteristic in the child for which the parents love him. Each child is a complicated collection of traits and it is the collection the parents respond to.

There is a unique mixture of traits, some of which are appealing to a parent, some are neutral in effect and some are irritating. This applies to interaction between any two individuals. If several characteristics in a person are intensely appealing to us, they tend to obscure, keep us from noticing other characteristics, which would bother us a lot in that person. In addition, vice versa, a particular irritating quality may antagonize us so much that we can't appreciate an attractive one. However, the perception also depends on our moods, one day the quality, which is appealing, may appear to be appalling the other day.

Each parent has a complex collection of responses to the characteristics of his children. So love in the sense of how much the parents enjoy a child's appealing qualities, balanced against how much the parents are irritated by his faults is a highly individualized matter and quite variable from time to time.

What are some of the roots of positive and negative feelings? The parents are pleased to find in their child the qualities which the parents wanted to inculcate in their child and which they proudly succeeded in acquiring to some degree. Consequently, every family's disapproval of certain undesirable characteristics tends to be passed from generation to generation. The parents are apt to be upset by finding in their children disapproved qualities or habits which they themselves had when they were growing up. This is the system – the parents' feelings of approval or disapproval – that nature and society have always counted on to foster the desirable traits and suppress the undesirable ones.

The goal of parents is then, to somehow be able to even out their feelings, think fondly about their child, give attention and manage to show patience and approval. If this does not happen, they feel unworthy or guilty, assuming that this surely indicates some fundamental deficiency in their love. This is an incorrect oversimplification; it only further complicates their relationship with their children.

Chronic impatience with some one characteristic in a child can also be traced occasionally to a similar characteristic in the parents themselves, and to all the trouble, the parent had with it. Though the parent may have grown out of it, he may still remember the shame and misery of the characteristic. It is as if the distressing problem, which he thought he had finally solved, were coming back to haunt him again. One might think that a problem or trait, which a parent had largely overcome in him, could be easily coped with in his child. This is true sometimes, not always.

However, often the parents find that they cannot help the child at all. In fact, they may without realizing it be contributing to the difficulty despite their efforts. They may be reacting so impatiently to the signs in their child that he arouses antagonism instead of cooperation. There also might be traces of the old trait left. When parents say that there are times when

everything that their child does or says provokes them one wonders that a child cannot become that obnoxious all by himself: he must have learned what irritates his parents most and also that they do not feel free to stop him. To the parents who suddenly realize that they have been permitting a child to be constantly provocative, the answer is to become constantly harsh with him or at least constantly disapproving. Both these situations mean that the parents are still letting him go too far and then cannot help feeling resentful.

The aim then is for the parents to become confident enough so that they can insist on good behaviour in the first place, in a friendly but firm manner – to stay in control of the situation – so that there is no reason to become exasperated. If the parents resolve to insist on cooperativeness and agreeableness, there are bound to be clashes at first, but if they are firm for a week, they are usually delighted to see how much happier the child has become. This relieves them of some of their guilt, convinces them that they are on the right track and makes it easier for them to make further progress. The downward whirlpool is turned into an upward spiral.

Parenting is a strange mixture of stress and joys. The parents are tense when they are watching their child, worrying and correcting, much more than necessary, and away from them, they feel overcome by feelings of pride and love. It is not the exception but the rule when good parents worry and correct. Eventually, though they begin to lose their direct control over their children, they will find love and trust in their child growing. Parenting can be extremely lonely and most parents are insecure and wonder whether they are doing as well.

Most parenting workshops are child-centred and emphasize that a child basically wants to behave well and will behave well if he is handled wisely, thus making parents responsible for everything that goes wrong. Parents feel it extremely burdensome, discouraging and oppressive. However,



most parents who are caught in this situation feel that it will be a lot faster better if they can get outside assistance. This is where psychiatrists and psychologists come in.

## **B. Discipline:**

Next to love, a sense of discipline is a parent's second most important gift to a child. Setting limits in a consistent, effective way is one of the most difficult jobs for parents. Some parents are worried because they remember having been disciplined too severely themselves and do not want to repeat painful memories.

Discipline means teaching and not punishment. What parents do about any single incident is not as important as what they teach on each occasion. Punishment may need to be part of discipline on certain occasions, but it should follow promptly on the misbehaviour, be short and respect the feelings of the child. After the punishment is over, it should be followed by an explanation. Children also need discipline and will go to great lengths to compel their parents to set limits. Consistent discipline is not a threat to a child's personality.

Self-discipline, the goal of discipline comes in three stages.

- 1 Trying out the limits by exploration
- 2 Teasing to evoke from others a clear sense of what is okay and what is not
- 3 Internalizing these previously unknown boundaries.

If parents save their discipline for the important issues – for things that really matter – they will be able to be firm and decided, the child will know it and the discipline will work. Discipline works when the parents mean it wholeheartedly and when the child senses that it is important to respect the parents' decision.

There are three different controversial issues in children discipline. lenient versus strict; authoritarian versus democratic; imposed versus inner discipline

- i. Lenient versus strict: Some parents who incline towards strictness assume that their approach is a guarantee of good behaviour in their children and that leniency will surely produce undisciplined, rude offspring. Both are wrong. It all depends on the spirit or unconscious motives behind these parental approaches.

What determines the methods and attitudes of parents most of all in dealing with their children is the manner in which they themselves were brought up. If the parents were taught that cordiality to others under all circumstances or instant obedience or telling the whole truth all the times, are essential, they will be inclined to emphasize the same values to their children – unless they themselves have rebelled against certain of the things.

When parents are strict because of unusually high standards – for politeness, punctuality, personal appearance, helpfulness, and neatness – but are kind and loving, the combination will tend to produce similar high standards and strictness in their children when they grow up, without necessarily cramping their spirit in any important way.

On the other hand, parents who are strict and overbearing – they have an inner need to be bossing and controlling even when their children are behaving properly. The children are apt to be meek.

If the parents are harsh, hostile and always belittling or shouting at or hitting their children, they are either cowed, or if they dare to fight back, obnoxious. Many domineering and harsh parents assume that

the main determinant of good behaviour in children is fear. They forget all about the power of love, of the wish to imitate, to achieve, to please, to take responsibility, to grow up.

Most parents who rely on fear came to do so back in their own childhood when they became convinced by their parents' attitudes that human-beings including themselves cannot be trusted to have good intentions and to do the right thing simply because they prefer to. It is these other motives and not strictness that determines whether children turn out to be responsible or irresponsible, loving or hostile, cooperative or disagreeable.

In a similar way, a lenient approach may work well or poorly depending on the spirit it is used. Parents who are too hesitant, too guilty, too submissive towards their children, may be because they have always been submissive, or because they are afraid their children won't love them if they do not always give in, or because they feel so badly about all the abuse that children have suffered in the past generations, or because they do not want their children to resent them the way they resented their parents' severity in the past

Such parents do not ask for respect, allow their children to be uncooperative or inconsiderate or demanding or rude. Leniency in self-respecting parents can make for an ideal family. Their affectionate, democratic attitude inspires loving feelings in the children, a pride in being treated in a grown-up way, a desire to please. Therefore, it is the spirit rather than leniency versus strictness that matters

- ii Authoritarian versus democratic: Authoritarian parents who are often mistrustful think that children if left to themselves will be more

inclined to be naughty than good; that they will not be polite, cooperative, generous or industrious or honest because they prefer to be, but because they fear disapproval and punishment. So only vigilance and frequent correction will keep them on the right track. They feel that they cannot let their children make their own decisions.

Democratic parents think of their children as well intentioned and worthy of respect. Even though they realize that children require an enormous amount of firm guidance, because of their inexperience, these parents are inclined to let their children share in decision making- within reason. They see children as predominantly eager, hardworking, honest, original, creative, wanting most of the time to please, striving to become more mature and responsible. They respect their children's feelings, their dignity and their individuality.

Of course, no parent is totally authoritarian or totally democratic in spirit. They are all strung along the scale somewhere between the extremes. Each one will be more authoritarian in one situation, more democratic in another, and each of us varies somewhat from time to time.

If the parents who are inclined towards the authoritarian spirit are also hostile people, always on the edge of anger with their children, because of anxiety about not being able to control them or because of other reasons – the children tend to develop too much hostility in their characters also. If the parents are quite comfortable in their authoritarianism, the children may perhaps be less flexible, more conformist than average in their basic personalities but still friendly people. People who take on a democratic philosophy may have considerable trouble making the system work if they are timid about leading their children. Before exercising a veto, parents can listen

sympathetically to their children's requests, discuss the issues in a democratic rather than an overbearing manner, and demonstrate in their discussions that they are trying to advance the welfare of the whole family and not just being arbitrarily restrictive

Parents can show a sense of humour. They can encourage discussion of the feelings involved, including the children's resentment of the parents – as long as this is expressed non-abusively. Then parents have to exercise the right to a unilateral decision – not expressed angrily, which would suggest they are unsure or guilty but matter-of-factly.

Being a democratic parent does not mean that the parent needs to get involved in endless discussions of every little issue that comes up. If children discover that their parents are too timid to conclude a discussion, they may make the whole family miserable.

- iii Imposed versus inner discipline. an Authoritarian approach in which the discipline is imposed gives much faster results, more neatly but creates a lot of resentment. It does not teach cooperation – just the opposite

Democratic approaches, which foster inner discipline, create more responsibility and eagerness and long-lastingness. Good result comes from being trusted with increasing responsibilities by a friendly parent and from learning from experience that one can carry out responsibilities. Out of this grow self-trust, pride, initiative and resourcefulness, which gradually become part of a child's character.

In later life, these qualities motivate people to carry out the tasks of their chosen occupations – not just adequately enough for them to



get by, but for the sake of doing a job well. Children who are led democratically at home and in school also learn how to function well in-groups, whether in the family or on the job or in community projects. They are learning how to really listen to the suggestion of others, how to make their own suggestions in a persuasive and tactful manner, how to recognize and appreciate the particular capabilities of other individuals and how to accept the leadership of someone else and how to be a leader who inspires.

When parents just shout or scold or slap a child, they give up their position as mature moral guides. They descend to an angry child's level; it is only a question then of whom can shout louder or longer.

The new philosophy is to treat the children in a friendlier, trusting spirit, preserve own self—respect and elicit the respect of the children. This approach is treated as mutual respect. It can and does produce children who are cooperative, flexible, polite and warm-hearted.

No matter how well intentioned children may be, they start out with no experience at all and with impulsive natures. They need lots of supervision and clear guidance. They should be taught what no means.

Warnings are second-best to the kind of discipline or relationship in which the parent explains, in a manner that shows respect for the child and gains respect from the child, about what is harmful about an action or lack of action. The parent can ask in a trusting tone for the child's cooperation.

Warnings should come only when this mutual respect has been broken down. In addition, this warning should not sound like a dare to the child. In other words, the warning gives the child a choice. to be meek and obey or

to be independent and disobey. In addition, since impulsiveness and the drive to be independent are strong in a child this age, the cards are stacked against the parent

Consistency is often emphasized as a necessary factor in good discipline. Consistency does not have to be absolute but the parents' control will be better if it is they who suggest the exception or if they agree immediately without an argument to the child's special request. Do not give in just because a child will not stop nagging.

Some parents assume that they must stand together on all rules and standards if these are to be respected. Such a degree of consistency is not necessary. Children show themselves to be perceptive and flexible in adapting to the somewhat different standards of fathers and mothers

Parental discipline and good family relationships are corrupted if parents who have serious disagreement and conflicts allow a child to play one parent against the other. This will compound the parents' own problems and even more serious, will train the child to grow up to be an individual who manipulates and poisons other people's relationships.

Whether the parents really mean what they say to children is probably more important than any other factor except love in the success of their child's upbringing. Sometimes parents are not sure they are right and though they consciously want their children to behave in a certain way, they are undermined by the deeply ingrained patterns by which they themselves were raised

Non-compliance on the part of the child and allowance creates a chronically stubborn child and a nervous exhaustion for the parents. Parents should see that their requests are carried out reasonably soon, especially when experience shows that a child will procrastinate.

All children resent their parents, of course, to the parent who is grossly unfair or mean or unloving, also the parent who is permissive one day and strict the other depending on the mood he or she is in. Children resent least the parents who are very sure and consistent about what's permissible and who can turn down unreasonable requests promptly and cheerfully

When children sense their parents' sureness about issues, they do not argue or work themselves up to a state of resentment. If the child persists in arguing or asking why, it is all right for the parent to explain the reason once more, matter-of-factly, as if the reason speaks for itself. When parents get angry at such times, it usually means that they feel a little uncertain or guilty about their refusal and can stick to their guns only if they work themselves into a state of noisy indignation. If the child wants to go on arguing, it can lead only to endless repetition and rising tempers, and it is sensible for parents to point this out and then go about their business.

When the child later comes back with what she considers an entirely new angle, the parents have to listen, again even if the final answer is no. In other words, parents should always be ready to listen to reason and to reopen a discussion – especially after the tempers have cooled. It is wise for the parents not to descend to the child's level of temper and scream back, for they lose a lot of value as leaders and models.

One of the biggest obstacles to a successful family conversation is that most good parents feel a compulsion to be on the lookout for disapproved behaviour in their children and are quick to criticize. They do not give them the benefit of doubt and sympathize with them. It is not because they do not love them, but because most of the parents were constantly watched and scolded as children, which built up a powerful compulsion to do the same when we became parents.

### **C. Psychological Effects of Adolescence:**

In spite of the turbulent teenage years, most adolescents turn out to be reasonably well adjusted adults. They are unable to cope with the pressures of peers, teachers, parents, hormonal imbalances but these can be counteracted with supportive and understanding parents, teachers and other adults.

Those adolescents who mature early develop better self-concepts because they are treated as more grown-up and have a longer time to make adjustments. It is better to treat them as adults otherwise they are more prone to develop lower self-concept compared to their peers. Late maturation can also lead to behavioural problems and aggression as they take up child-like attitudes in an adult body.

Two basic emotions – anger and fear. Fear is felt and suppressed. Anger is felt and expressed. Fear is the result of insecurity arising from the gigantic task of growing up, assuming adult roles, choosing a career, breaking away from parents and taking on responsibility. Anger is the result of not being able to do what everyone else is doing. This makes them very irritable and prone to mood swings.

Majority of adults, whether in home (parents, relatives) or school (teachers), end up telling adolescents as to what is wrong with them. There is always criticism and not a positive attitude or a pleasant manner.

There is an increased amount of physical ailments as verbalization of physical discomfort is much more acceptable than psychological discomfort. There is an increased concern about the physical looks as the attractive ones often get a lot of attention. The ones who consider themselves unattractive often have a low self-esteem, jealousy, envy and bitterness.

There is a denial of dependence on the parents as the adolescents are trying to move away. They try to prove themselves capable of taking care of themselves. Restrictions make them want to revolt and do things on the sly, resort to deceit

With the nuclear family becoming the norm, there is little scope of interacting within the family. Hence, the child needs to turn to peers for support

#### **D. Needs and Concerns:**

Children are themselves not so sure, what their needs are. As a result, they fail to convey what they want and parents fail to respond to them. The basic needs are.

- i Action – they are basically restless and need some action in their lives.
- ii Acceptance for whatever they are. Pushing them in directions against their system – academic, cultural or vocational, against their aptitude and interest will be an uphill task
- iii Achievement sense is very strong because of acute insecurity. Every adolescent wants a place in the sun
- iv Attention is an unsaid need
- v Affection is a basic need.
- vi There is a quest for identity. They want to be different from their peers while conforming to their own group with whom they identify. They feel secure in being accepted as part of a group and being one of them but as they progress, they are unable to find comfort in the company of peers since there is no ego satisfaction
- vii They are also concerned about status symbols in materialistic possessions as they can be noticed through these.
- viii There is concern for privacy.
- ix There is a concern for a mature relationship with the opposite sex